

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2002 8:00 am
Secretary of State

05-29-2002 93599 032 ****61.25
 09-19-2002 90159 011 ****61.25

DOCUMENT # N94000002416

1. Entity Name

BRIDGES OF AMERICA - THE ST. PETE BRIDGE, INC.

Principal Place of Business

Mailing Address

2055 MERCY DR
 ORLANDO FL 32808-5629
 US

2055 MERCY DR
 ORLANDO FL 32808-5629
 US

2. Principal Place of Business

3. Mailing Address

1735 M.L.K. Street S.

2011 Mercy Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg FL

City & State

Orlando

Zip

33705

Country

USA

Zip

FL

Country

32808

4. FEI Number

59-3289590

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COSTANTINO, FRANK
2055, MERCY DR
ORLANDO FL 32808-5629

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **COSTANTINO, FRANK**
 STREET ADDRESS **5519 BAYSIDE DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **MCMURTRY, GRADY**
 STREET ADDRESS **4698 HALL RD**
 CITY-ST-ZIP **ORLANDO FL 32817**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **POITRAS, EDWARD W**
 STREET ADDRESS **27 LAKE HAMILTON BEACH**
 CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **HARRISON, BEN**
 STREET ADDRESS **P.O. BOX 279**
 CITY-ST-ZIP **BRYSON CITY NC 28713**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **BROWN, DON**
 STREET ADDRESS **6325 WHIP-O-WILL LANE**
 CITY-ST-ZIP **ST CLOUD FL 34771**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

CR2E037 (4/02)